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Chair

Mr. Bill Casey

Standing Committee on Health

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● (0730)

[*English*]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): We'll bring our meeting to order.

Welcome, everybody.

This is meeting 109 of the Standing Committee on Health, and today we welcome the Honourable Ginette Petitpas Taylor, Minister of Health.

I wanted to point out to you, Minister, that we put out a red carpet for you and some flags just to make sure you were welcome. That's in appreciation of your coming so early in the morning.

Along with the minister, we have, from the Canadian Institutes of Health Research, Adrian Mota, Associate Vice-President; from the Department of Health, Mr. Simon Kennedy, Deputy Minister; from the Canadian Food Inspection Agency, Mr. Paul Glover, President; and from the Public Health Agency of Canada, Dr. Theresa Tam.

Welcome back.

There's just one small change. The Liberals have asked if they could shorten their questions a little. Their first two questions will be shortened to five minutes so that Ms. Sonia Sidhu could have an opportunity to ask some questions, but they'll still have the same amount of time as before, and I'll make sure they keep in line.

Welcome to the committee, Minister, and if you have an opening statement, we'd be glad to hear it.

Hon. Ginette Petitpas Taylor (Minister of Health): Thank you very much, Mr. Chair.

Thank you to each and every one of you for coming in bright and early this morning. I know it's perhaps a bit of an odd time to come in, but we certainly wanted to make sure that we had an opportunity to respond to some of your questions and to appear for the main estimates.

[*Translation*]

Hello, Mr. Chair and members of the Standing Committee on Health.

Thank you for inviting me to speak to you about the votes in the 2018-19 Main Estimates for Health Canada and some of its priorities.

First of all, I would like to congratulate the committee on its work and accomplishments. The government and I value its expertise on health matters.

All standing committees work hard, but I have to say that the Standing Committee on Health does outstanding work.

[*English*]

First, I wanted to introduce my colleagues, but you've done that already, so I will pass along and continue with my comments.

Over the next few minutes, I would like to highlight some of the portfolio's key proposed expenditures for the 2018-19 fiscal year. I would also like to discuss our actions on some of the issues that this committee will address in its work over the coming months. I will then be pleased to take some of your questions.

[*Translation*]

Let me begin by giving you an overview of Health Canada's planned initiatives.

The department is seeking $2.2 billion in spending authority for 2018-19. This funding will enable Health Canada to continue to protect the health and safety of Canadians. As you know, the budget no longer includes the First Nations and Inuit Health Branch, which has been transferred to Indigenous Services Canada.

I will now outline some of the government's priorities for health and describe what Health Canada is doing to follow through on them.

[*English*]

Let's start with Canada's actions on the opioid crisis. As you all know, this crisis is certainly unprecedented, and the effects are truly heartbreaking. One of the first trips I made as Health Minister was to Vancouver, where I toured the Downtown Eastside to visit treatment centres and supervised consumption sites. It was very moving.

I was proud that our government is taking action. We have restored harm reduction as a key pillar in our strategy. We have approved more than 25 supervised consumption sites and passed the Good Samaritan Drug Overdose Act. We have supported national treatment guidelines for opioid use disorder, and we've made it easier for health professionals to provide access to methadone and prescription-grade heroin as treatment options.

Continued federal actions combined with reduced barriers to treatment will help us mitigate the opioid crisis.

[*Translation*]

I will now turn to cannabis.

As you know, the government wants to protect Canadians and minimize the harmful effects of cannabis consumption. That is why it introduced Bill C-45, which is currently being considered in the other house.

In these estimates, we are seeking $65.1 million for the implementation and application of a federal framework to strictly regulate cannabis. In addition to developing a regulatory framework, the government has made public education a cornerstone of its approach to cannabis, the ultimate focus of which is public health.

We want to give Canadians the information they need to make informed choices.

[*English*]

Another priority for our government is ensuring that Canadians have access to the health care services they need. That is why our government is working with the provinces and territories to ensure that health care systems continue to respond to the needs of Canadians. In the 2018-19 main estimates, we are requesting $850 million in funding to support provincial and territorial investments in home care and mental health care.

As you know, last summer, provincial and territorial governments agreed to a common statement of principles on shared health priorities with the Government of Canada. Now, Health Canada is establishing bilateral agreements with each province and territory to determine how they will use the federal funding included in these estimates to improve access to home care and mental health services.

[*Translation*]

We are also making great strides on another important issue, pharmacare.

In the 2018-19 Main Estimates, we are seeking $17.9 million to improve the affordability and appropriate use of prescription drugs and medical devices. This amount will allow us to strengthen regulations on the price of patented drugs and modernize the way we regulate prescription drugs and medical instruments.

We also want to protect Canadians, governments, and private insurance companies against exorbitant drug costs, while ensuring that patients have access to the drugs they need. These efforts are in line with and contribute to the key measures announced in Budget 2018, in particular the creation of an advisory council on the implementation of a national pharmacare program.

Mr. Chair, in April you tabled the committee's report entitled "Pharmacare Now: Prescription Medicine Coverage for all Canadians". I would like to thank you and the committee members for all the work that went into producing this excellent report. I am confident that it will be helpful to the advisory council.

● (0735)

[*English*]

Today, I also want to highlight the progress made by the agencies of the health portfolio. Let me begin with the Canadian Food Inspection Agency.

Overall, the estimates for this agency have decreased marginally over the last year. Beyond these estimates, budget 2018 provides $47 million to maintain CFIA's efforts to improve food safety. Specifically, this funding will support activities to address food safety risks before Canadian consumers are affected.

This includes improving risk intelligence and oversight, developing offshore prevention activities, and improving business compliance with food safety regulations. Budget 2018 also provides $29 million for continued support for CFIA's activities related to the negotiations of export conditions and the certification of Canadian exports against the import requirements of other countries.

[*Translation*]

I will now turn to the Public Health Agency of Canada.

The votes for the Public Health Agency of Canada in the 2018-19 Main Estimates represent an increase of $17.2 million, bringing its total budget to $589.2 million. This increase is primarily for the creation of the Harm Reduction Fund, which will support community projects to help reduce rates of infectious diseases, such as HIV and hepatitis C, among people who use drugs, and provide new funding for the effects of climate change on public health.

As you know, one of the government's key priorities is to understand and mitigate the health effects of climate change. The funding requested in the main estimates reflect this priority.

[*English*]

The Canadian Institutes of Health Research, also known as CIHR, supports world-class health research in Canada. CIHR's proposed spending on health research for 2018-19 is approximately $1.1 billion, an increase of $16.8 million over the 2017-18 main estimates. These estimates will help provide the evidence needed to make better health care decisions and ultimately improve health outcomes for Canadians. By supporting the Canada 150 research chairs program, this funding will enhance Canada's performance and reputation as a global centre for science, research, and innovation excellence.

[*Translation*]

In closing, I would like to say that I am confident that the measures outlined today will help Health Canada carry out its mandate, which is to maintain and improve the health of Canadians. This is a very broad mandate and we face headwinds at times, so it is essential for us to have clearly defined priorities with targeted measures.

The commitments announced in the main estimates reflect our most pressing health priorities. They show that we are taking action. They reassure Canadians that we will continue to protect and improve our health system.

[*English*]

Once again, I want to thank the committee for the opportunity to provide comments, and I will be pleased to take some of your questions. I have my officials with me, so I may rely on them for a bit of assistance if your questions get technical.

Thank you.

The Chair: Thank you very much.

That's quite a list of issues you're dealing with. It's amazing.

We'll go to our question period now, starting with Dr. Eyolfson for five minutes.

● (0740)

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Thank you, Minister, for coming before the committee at this early hour. We appreciate the accommodation.

As you know, we've spent a lot of time over the past couple of years preparing the report on pharmacare. One of the biggest items in the discussion is the numbers involved.

We had the Parliamentary Budget Officer report, and we had information from the Canadian Institutes of Health Research. I was concerned about some of the information in the dissenting report by the opposition party, claiming that, according to the Canadian Institutes of Health Research, $39.8 billion a year is spent on prescription drugs. In fact, this figure of $39.8 billion includes prescription and non-prescription drugs. As we've said, we weren't thinking of covering non-prescription drugs under a national pharmacare program.

Again, at committee, the PBO analyst, citing Canadian Institute for Health Information data, said that "public spending on prescription drugs accounts for roughly 43% of total prescription drug spending in Canada". "The total spending on prescription drugs", according to that PBO testimony, "is just over $29 billion", as opposed to the $39.8 billion.

It appears that this dissenting report has a lot of incorrect information. Has it impacted any of your decisions on implementing a pharmacare program, or the advisory committee by Dr. Hoskins?

Hon. Ginette Petitpas Taylor: As we've indicated very clearly, our government certainly recognizes that Canadians pay too much for drugs. That's why we were extremely pleased to see the announcement in budget 2018 that we were creating an advisory council on the implementation of a national pharmacare program.

I also want to take this opportunity to thank the health committee for the wonderful work they have done and for really looking into this issue. They have done tremendous work in this area, and I have to say that the advisory council's first work will probably be to review the report. I know that Dr. Hoskins has already done so, but we certainly want to make sure the council builds on the good work that's already been started by this committee.

We have made it very clear that we want Dr. Hoskins and the advisory council to present us with options with respect to a national pharmacare program, and also with an implementation plan for moving forward. We have no preconceived ideas with respect to what this pharmacare program will potentially look like. We certainly want to serve the needs of Canadians.

As I've indicated, we recognize that Canadians pay too much for drugs and that many Canadians have to make choices between food and drugs, or heating their home and drugs. Having been a front-line social worker for a number of years before I entered politics, working with many individuals who did not have access to a drug plan, I've certainly seen the realities first-hand. We Canadians are proud of our publicly funded health system, but we certainly recognize that we can do better. The implementation of a pharmacare program would certainly make things better for Canadians.

I'm looking forward to the work the advisory council is going to be doing, and to receiving their report by the spring of 2019.

Mr. Doug Eyolfson: Thank you.

To further elaborate on this, of course, there's sometimes a public perception, with this number of $33.9 billion a year going out, that the federal government would somehow need to find an extra $33.9 billion a year. However, according to our testimony as well, $12.9 billion a year is already being paid by provincial taxpayers through their different systems. From the PBO report, there would be an additional savings of $4.5 billion just through a national drug-buying program. National pharmacare would also basically make a number of other expenses obsolete. If you're paying for medications, tax credits cost the federal government $2.5 billion a year, which would likewise be unnecessary, if people weren't paying for medications.

What would be your comments on this being a much more sustainable program, given all these savings that have been mentioned in the report?

● (0745)

Hon. Ginette Petitpas Taylor: Again, that is why we're putting in place an advisory council. As I've said, they can really build on the work this committee has done, in order to provide us with information with on an implementation model.

We also have to recognize that the Government of Canada has taken some steps to reduce the price of drugs within this country. If I look at the investments that have been made in budget 2017, we have invested over $140 million over five years to provide Health Canada agencies with the tools they need to reduce the price of drugs. We've also joined provinces and territories, as members of the pan-Canadian Pharmaceutical Alliance, in which we have been able to bulk purchase drugs together to lower the price. As a result, over the past year, jointly we've saved approximately $1.3 billion—the provinces, territories, and federal government together—so we are taking some steps to make sure that the prices of drugs certainly come down. Also, we're in the process of modernizing the Patented Medicine Prices Review Board.

Once again, we are doing some work before we look at a national pharmacare program, because we certainly want to make sure that it will be affordable, but our priority is also to make sure that drugs are affordable and accessible to all Canadians. That is truly why we are moving forward and have taken the steps we did, but are also now looking forward to the work to be done by the advisory council.

With respect to the advisory council, we're just in the process of finalizing the membership of the council members. I'm looking forward to being able to make those announcements in the very near future. To look at the complement of the membership, we really want to make sure that we have individuals from different backgrounds to provide us with the proper information and advice we need for implementation.

The Chair: Thanks very much.

Now, we go to Ms. Gladu.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Chair, and thank you to the minister and her staff for appearing today.

My first question is in memory of the late Gord Brown, who passed away recently and who we all know was a passionate advocate for thalidomide survivors.

In budget 2018, the government committed to addressing these remaining thalidomide claims. Could the minister update us on what action has been taken to resolve those?

Hon. Ginette Petitpas Taylor: Thank you very much, Ms. Gladu. I truly appreciate the question.

When I became the health minister, I had the privilege and the opportunity to meet some of the recognized victims of the thalidomide compensation package that was provided, and I certainly was able to see and to hear first-hand the challenges these individuals have to go through day in and day out. Our heart certainly goes out to these survivors. Also, I had an opportunity to meet with some individuals in my riding, who have not been named survivors for the lack of a better word.

In budget 2018, I was pleased that an amount of money has been put forward to ensure that we can expand the eligibility criteria for the program. We are in the process of working on that and, within the next weeks and months, I'm truly looking forward to making an announcement on the next steps forward with the expansion of the eligibility criteria for that program.

Ms. Marilyn Gladu: Good. We hope to hear how many people are remaining and how many will actually receive their compensation.

The second question I have is about palliative care because, as you know, I'm a passionate advocate of palliative care. How much is in this year's budget to address the need for consistent access to palliative care for all Canadians?

Hon. Ginette Petitpas Taylor: Once again, Ms. Gladu, we were very pleased, as the government, to be able to support your bill, Bill C-277, and we're very keen to move forward on its implementation and the work that needs to be done in that area.

We certainly recognize that all Canadians want to stay home as long as they can, but to do so, we certainly need to make sure they have the quality care and necessary care they need to live the rest of their days in comfort. Those support services are absolutely critical. We are very pleased, as I've indicated, to support Bill C-277 and to work on the development of a framework that promotes palliative care.

I was also very pleased that we were able to make some announcements this year, and I believe you were with me for the funding announcement of $6 million for Pallium Canada. Those monies were put in place to expand existing services, called the learning essential approaches to palliative care program. That money will go specifically to front-line service providers, like ambulance attendants or EMTs, to provide them with the training they need so that when they go to homes, especially in rural areas where they can provide direct services to people at home, they will be able to provide people with the additional quality services they need so they won't have to go to community centres or hospitals to receive those services. We're certainly moving forward in that direction and making sure that investments are made in that area.

I was also pleased that we've invested $184.6 million over the next five years to improve home palliative care for indigenous communities. We recognize that an awful lot of work needs to be done in that area, and we certainly recognize that those investments will help moving forward.

Finally, we recognize as well that research is key in this area, so we're investing over $2.8 million over the next four years to support two research teams, which I'm sure you're probably well aware of. We certainly want to generate high-quality research and evidence to inform professionals in health care with respect to best policies as we move forward in end-of-life care and the policies that we need to put in place.

Finally, Mr. Chair, with respect to the investments that we've made in home care in budget 2017, $6 billion has been put aside, and I'm in the process right now of completing bilateral agreements with provinces and territories. In the ones that I have seen thus far, palliative care services are absolutely mentioned in those, as well. They may not be a line item in the budget, but we certainly know that provinces and territories, especially with our aging population, and people who want to make sure they expand palliative care services see it as a priority.

● (0750)

Ms. Marilyn Gladu: Excellent.

The Chair: Do you want to split your time with Mr. Lobb?

Mr. Lobb.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you very much.

Thank you, Minister, for appearing.

I have a document here. It's a request that Health Canada sent out. It's the cost-benefit analysis survey that you've sent out to food processors. In it, your department asked, as per Treasury Board guidelines, that they provide a cost-benefit analysis, which I think would amount to Bill S-228. In there you're asking many, many questions that I think industry is very uncomfortable with, and one of them is that the cited costs not include costs related to the reformulating of food.

I'm just curious. If you're asking industry to provide a cost-benefit analysis of marketing, etc., shouldn't the cost of reformulating their goods also be included in the cost-benefit analysis? My understanding is that it costs the industry almost $2 billion to do this, and I'm just wondering if you could provide some comment as to why your department would do this.

Hon. Ginette Petitpas Taylor: I have to start by indicating that our healthy eating strategy was launched in 2016, which is the part—

Mr. Ben Lobb: I am aware of that. It's specifically the cost-benefit analysis question I am interested in.

Hon. Ginette Petitpas Taylor: With respect to the issue of marketing to kids, that is certainly a priority of our government. It's one of our pillars when we look at our healthy eating strategy. I would be more than happy to ask one of my officials to perhaps provide a bit more information on the details.

Mr. Simon Kennedy (Deputy Minister, Department of Health): The Treasury Board sets out fairly detailed guidance on how these cost-benefit assessments are to be conducted—

Mr. Ben Lobb: I understand. I'm asking specifically, though, about the reformulating of food, because that is going to be a massive cost to industry.

Mr. Simon Kennedy: My sense on that—and I'll have to get back to the committee formally—is that the decision on whether or not to reformulate in order to avoid the restrictions is a business decision. There's no requirement in the new marketing rules that would require a business to reformulate. That decision is entirely within the discretion of the management of the firm, and so it's not a cost you can calculate as part of the cost-benefit analysis.

Mr. Ben Lobb: If you change the rules for a company that manufactures food, and a large—

Mr. Simon Kennedy: Mr. Chair, the rules are not with respect to the formulation of the food. The rules are with respect to what can and can't be marketed.

If a firm decides that it wishes to reformulate its product so that it can continue to market, that's a business decision. That's not a requirement of the regulations.

The Chair: Okay.

We have to move on to Mr. Davies now.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair.

Thank you, Minister and staff, for being here at this early hour.

Minister, of course you know that, after two years of study and hearing from almost 100 witnesses and receiving more than 30 written submissions, this committee released our final report, called "Pharmacare now: prescription medicine coverage for all Canadians" on April 18.

After consideration of many different policy proposals, this committee concluded that the best way to move forward is by expanding the Canada Health Act to include prescription drugs dispensed outside hospitals as an insured service under the act—in other words, to make pharmaceuticals part of our single-payer public system. That was the considered recommendation after two years of study at this committee.

I'm interested if, as health minister, you agree with that recommendation.

● (0755)

Hon. Ginette Petitpas Taylor: Thank you so much, Mr. Davies, for your question.

As I've indicated, we recognize that Canadians pay way too much for drugs, and that's why we are moving forward with the implementation of the advisory council on the implementation of pharmacare. We recognize that Dr. Eric Hoskins is very well positioned to chair this committee, and we have instructed him that we want to make sure he presents us with options regarding a national pharmacare program and what that could look like.

We have no preconceived ideas as to what that is going to be—I have no preconceived idea, as well—but we certainly want him and the council to come forward with options, including on the implementation of the way forward, because we certainly want to make sure that we get this right, given that we have 13 provinces and territories as members of a federation. With respect to our council members, and also our chair being the former health minister of one of our major provinces, they certainly recognize the challenges that we could meet going forward.

We certainly want to position the council to provide us with the information we need on the implementation plan, and we don't want to wait. We want to make sure that the committee gets out there.

On the board members, as I have indicated, I am hoping to be able to make the announcements in the very, very near future. Dr. Hoskins himself has already been in the process of meeting with provincial and territorial health ministers.

Mr. Don Davies: I have limited time. My question was what do you think.

Hon. Ginette Petitpas Taylor: As I—

Mr. Don Davies: My question was what your opinion is. Do you agree?

There are different ideas, and I'll turn to another idea. Your colleague the finance minister, Mr. Morneau, less than 24 hours after announcing the federal advisory council on pharmacare rushed to clarify that he isn't looking at implementing a universal pharmacare plan, but rather a "fill-the-gap" strategy. By the way, that is exactly the strategy this committee recommended not to pursue.

Here is what he said:

> So you said "a national pharmacare strategy", not a national pharmacare plan. Those are two very different things. We recognize that we need a strategy to deal with the fact that not everyone has access, and we need to do it in a way that's responsible, that deals with the gaps, but doesn't throw out the system that we currently have.

My question, Minister, is this. One of your colleagues very clearly is rejecting a single-payer universal system in favour of one that is gap-filling. I'm curious. As health minister, shouldn't you have a position on this? Shouldn't you be telling Canadians what your view is, what you're fighting for at the cabinet table?

Hon. Ginette Petitpas Taylor: I am going to be very clear that I am encouraging our advisory council to continue to have a national dialogue with Canadians and experts in this field. I've made it very clear that I have no preconceived idea as to what the outcomes of these options are going to be.

I am going to be very clear. We have made it very clear from the onset that there is no preferred option that we are looking at right now. We want the advisory council to provide us with the work, and we also want the advisory council to build on the good work this committee has done. I say that very honestly. I recognize that this committee has done tremendous work over the past year—

Mr. Don Davies: I appreciate that.

Hon. Ginette Petitpas Taylor: —and we certainly want the advisory council to build on that work, as we move forward.

Mr. Don Davies: Thank you.

I want to move to the issue of opioids, because you made a reference to it. Minister, in British Columbia overdose deaths spiked again in March, reaching the province's second-highest monthly total to date, according to the B.C. Coroners Service. That is the second-highest month on record, second only to December 2016. We also know that last year over 4,000 Canadians lost their lives. Some estimate that we're on track to exceed that, with maybe as many as 6,000 Canadians dying from overdoses this year.

At the Liberal Party's convention in Halifax this year, your party's grassroots voted overwhelmingly in favour of decriminalization and medical regulation as a means of responding to drug overdose deaths. In response, a coalition of 200 organizations, researchers, policy experts, including former Liberal leader Bob Rae, and others impacted by the opioid crisis, wrote your government an open letter urging you to "be the progressive government you promised to be, choosing human rights and evidence-based policy over ideological relics."

The letter went on to say:

> We need you to listen to our voices as we call for the essential next step: decriminalization. The example of Portugal and other European countries illustrates that this policy works.
>
> We ask you to prevent thousands of more unnecessary deaths by supporting this resolution.

However, you and the Prime Minister have both responded unequivocally, ruling out acting on that resolution.

Minister, given the severity of the opioid crisis, and given that we expect as many or more deaths this year as any other, why won't your government even consider the evidence-based proposal of decriminalization and medical regulation of drugs?

● (0800)

Hon. Ginette Petitpas Taylor: I've made it very clear at many events and committee appearances that the opioid crisis is a file that we have certainly been doing a lot of work on, and one that keeps me up at night.

I indicated in my opening statements that my first tour was in the Downtown Eastside of Vancouver, where I had an opportunity to meet with many front-line service providers and people with lived experience who shared with me differing points of views.

With respect to decriminalization, and to your question specifically, we recognize that decriminalization alone would not ensure quality control of drugs on the street. It certainly is not going to prevent all of the deaths that are happening.

We also recognize that Portugal's model is very different from the Canadian model. We recognize that in Canada the provinces and territories are the ones that provide direct services to clients. With respect to the federal government, we are not the ones that provide the direct service delivery. As a result, our government has taken a comprehensive, compassionate, and collaborative approach, working with the provinces and territories. Also, we are using all of the tools at our disposal to ensure that we can provide compassionate care to services.

As you are well aware, we have made several regulatory changes to ensure that medication replacement therapies are available for individuals. This year alone we have made methadone and diacetylmorphine available without doctors having to apply for class exemptions.

We are certainly moving forward in ensuring that we can use all the levers we have at our disposal to effectively deal with this.

The other thing, as well—

The Chair: I have to end that.

I am finding that all of the questions are long and all of the answers quite long too, so I would just caution you that if we could tighten up the questions and the answers, we could get more questions and answers in.

We have to move now to Mr. Oliver for five minutes.

Mr. John Oliver (Oakville, Lib.): Thank you very much, Minister, for being here.

You've had a number of questions about national pharmacare, and I just want to say that it's certainly one of my passions. For me it's quite simple. No Canadian should be denied access to necessary prescription medicines because they can't afford them. We need to find a solution to that.

One of the reasons I entered the political sphere was to fight for this. As a member of this committee, I introduced this as a study topic to the committee back when we first started, and I was absolutely delighted that it was the unanimous decision of all the committee members to undertake this study. No member actually came forward with a motion. I was really honoured and delighted to see that happen.

I just want to emphasize the importance of pharmacare. I know Dr. Hoskins is studying the implementation of national pharmacare. Our study talks about universal pharmacare. To me, these are the same words describing a system of universal single-payer coverage for all Canadians.

There is a lot of pressure from insurance companies and drug companies. They're more interested in different solutions, like regulating the industry to ensure that all Canadians are covered. It leaves many of the fundamental weaknesses of the system in place.

Can you comment a bit more along the lines of Mr. Davies' questions around whether you really see a situation where we would just regulate that sector, or whether you really feel we are looking at implementing a national or universal pharmacare system?

Hon. Ginette Petitpas Taylor: Just to reiterate a few of my comments, as I've indicated, we have no preconceived notion of what a national pharmacare program can look like. We made that very clear with respect to the terms of reference that we provided to Dr. Hoskins and the future committee members. We made that clear, and Dr. Hoskins has been reading the report that you presented and tabled. He's already read it cover to cover, and he's made it clear that they are going to build on the good work that has been done here, which we certainly want to make sure of.

With respect to that, we certainly want to make sure that Canadians have access to prescription medication. Again, for the past few years, we've taken some measures to ensure that we can lower the price of drugs, and that's the responsible thing to do moving forward.

Mr. John Oliver: Absolutely.

Hon. Ginette Petitpas Taylor: Now we're looking forward to the —

Mr. John Oliver: My second question is in a different area. I chair the health research caucus. In my prior life, I sat on one of the CIHR allocation committees, and I saw the struggle that was happening with the health research community, particularly with the cuts that happened to health research under the previous government.

I was delighted to see the investment in CIHR with the 2018 funding. You mentioned it in your opening remarks. Can you talk a bit more about how you see the advantages of those investments for health research across Canada?

● (0805)

Hon. Ginette Petitpas Taylor: I think all of us in this room can certainly agree that when we're developing good public policy, we certainly need to make sure that we can rely on science, good research, and good data. Our government has certainly been very clear that we believe in investing in people behind the next big ideas, and we certainly want to make sure that the appropriate investments are there for them to continue to do the good work that needs to get done.

Dr. Naylor was very clear about the funding that was needed in the report that he tabled; he certainly did not shy away from that. I was very pleased to see that in budget 2018 we made historic investments in science and research. I can tell you that over the past number of months, when I've been visiting different researchers, people have certainly been applauding the investments that have been made.

When we look at investments in budget 2018 with respect to CIHR, we certainly recognize that there is also $454.7 million over the next five years. That's $90.1 million per year, ongoing, for the Canadian Institutes of Health Research, to increase their support for fundamental research. We certainly recognize that a lot of work needs to be done not only to support the current generation of researchers but also to encourage the future generation of researchers; hence, the significant investments we have made.

Mr. John Oliver: There was an excellent session held by Ovarian Cancer Canada. They're a bit worried that they're not going to line up properly with that funding. If I may, I would like to ask you through this forum to give special consideration to Ovarian Cancer Canada to ensure that there is some federal funding to support ovarian cancer research.

Hon. Ginette Petitpas Taylor: If I may just comment on that, I did have an opportunity this week when they were on the Hill to meet with them, and we had a very good conversation and exchange. I asked my staff to follow-up with their agency and the work they do.

Mr. John Oliver: It has such a high mortality rate, and from a gender lens of the research allocations, I really do hope that we can focus on it, somehow. I know it's a tough one.

Thank you.

The Chair: I would second that motion.

Now we're going to go to Ms. Sidhu for four minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Minister, and your department for being here today.

I want to echo Mr. Oliver's comment. I thank you for taking a leadership role in giving more funding for research, but we always need more for ovarian cancer. We need to look into that.

My concern is that two weeks ago MP Marc Serré and I held a town hall for seniors in my riding. I heard a lot of concern from seniors in my riding. What is your department doing to help seniors? Seniors are facing more challenges, so what is your department doing to help seniors?

Hon. Ginette Petitpas Taylor: Thank you so much, Ms. Sidhu, for your question and your work. Thank you also to Marc Serré for his work on the issue of seniors. I recognize it's a passion of his as well.

Our government certainly recognizes that seniors are one of the fastest growing populations in our country. I come from New Brunswick, and when we look at our demographics, we see that New Brunswick has the oldest population in the country. With that come opportunities, but certainly some challenges as well.

In budget 2017, we were very pleased that we were able to invest $6 billion in the area of home care and palliative care services. In the area of mental health care, we invested an additional $5 billion. We certainly can't forget that many of our seniors need access to mental health services as well. The rate of mental health issues is about one in four in seniors.

Coming back to home care, we certainly recognize that seniors want to stay home as long as possible, so it's truly important to make sure that we don't only invest in bricks and mortar, buildings, and nursing homes. We also have to look at different service delivery models to perhaps provide seniors with the additional support they need to stay in their homes even longer. I'm very pleased that provinces and territories have agreed to a common statement of principle with respect to where that money would be invested. We've been able to successfully negotiate several bilateral agreements with provinces and territories on where those moneys will go. That's number one.

Also in budget 2018, I was pleased that $75 million was put aside for a pilot project to look at aging as well, and investments will be made in that area to look at different models, in order possibly to transfer those types of models to other provinces.

Furthermore, I want to add that the Public Health Agency of Canada has developed some guides and tools to allow cities to put in place age-friendly cities for their seniors. I'm from Moncton, New Brunswick. I'm very proud to say that we are an age-friendly city. They provide information to municipalities—towns and cities—to see what can they do to make their city more age friendly, whether it's by having buzzers on the door, making sure that sidewalks don't have big lips on them, or whatever the case may be. Those are some really neat initiatives of the Public Health Agency of Canada.

I also have to add that the Public Health Agency does some work as well in the area of data collection on elder abuse. Oftentimes, that's not an area we speak about a lot, but we certainly recognize that the rates are high. We need to have a better pictures of exactly what that looks like. Public Health is collecting data and finding ways to better address the issue of elder abuse.

Finally, as I've indicated, with respect to mental health, we want to make sure that services are in place, so targeted funding has been in place for that. We certainly can't forget the area of health research, so we look at funding that has been put forward through CIHR and other groups with respect to brain health initiatives and the rest of it. Significant investments have been made in that area, because we certainly recognize that our population is growing older. We have to make sure that we understand the challenges of today but also the challenges of tomorrow.

● (0810)

Ms. Sonia Sidhu: Thank you.

The Chair: I'm sorry, but we have to move on now.

We're going to start our five-minute round now with Mr. Webber.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair, Minister, and all who are here today.

I'm going to ask you again, Minister, some questions on Lyme disease. We already know about the three pillars, the conference, and the framework that was developed a couple of years ago, so please do not use up our time with that information on it.

My question is regarding the three pillars, which are surveillance, education and awareness, and guidelines of best practices, but there is no fourth pillar, Minister. That pillar would be support, help, and treatment for those already suffering from Lyme disease.

Minister, the Liberal government spent twice as much money on the temporary hockey rink outside Parliament as they did on Lyme disease research. There is no support for Lyme patients, so Minister, what are you doing? Why is there no help for the thousands of Canadians suffering from Lyme disease today?

Hon. Ginette Petitpas Taylor: We certainly recognize that Lyme disease is a public health concern in Canada, and we are taking action on it. You perhaps don't want me to mention the steps that we've taken thus far—

Mr. Len Webber: Thank you.

Hon. Ginette Petitpas Taylor: —but I want to reiterate that there certainly has been some work done, and there continues to be research in this area. If we look at the infectious diseases and climate change fund, we'll see that it is a $21 million fund that's been set aside over the next 11 years to address the impact of vector-borne, water-borne, and food-borne infectious diseases like Lyme disease. So far, out of that fund, $1.4 million has supported seven research projects in the area.

Mr. Len Webber: I understand that, Minister.

I understand the research and the money that's been put into research, the $4 million. You've indicated that to me in question period.

Minister, as you know, Lyme disease is a growing problem here in Canada; a full 20% of the ticks out there right now are carrying Lyme disease. There are now 10 times as many known cases of Lyme disease as there were back in 2009. Minister, your own Public Health Agency says that known Lyme cases are up 50% from last summer. A 50% increase in one year is a cause for great concern. With Lyme cases up 50% in one year, one would expect that funding would also increase by at least that much, if not more. With the problem up 50%, how much has government spending increased on treatment for patients of Lyme disease?

Hon. Ginette Petitpas Taylor: As you're very well aware, the direct treatment delivery model is provided by provinces and territories. We provide funding through our health transfer payments with respect to that. With respect to the work that is being done, we are absolutely supporting provinces and territories through our federal laboratories to make sure that the detection of Lyme disease does occur. As well, we want to make sure that we have public information and awareness campaigns. We certainly have a huge role to play in that area

Mr. Len Webber: I understand that.

Hon. Ginette Petitpas Taylor: I am very pleased to say that the 2018 campaign to promote awareness and information about Lyme disease was launched last month. We recognize that spring is here now and we certainly want to make sure Canadians have access to the information. A lot of information has been distributed online and also through Service Canada and Parks Canada.

I may ask my public health officer if there's any more information that she wanted to add, if you would permit her to.

● (0815)

Mr. Len Webber: I would just like to know what we are doing for the Lyme patients who are suffering right now, who have been forgotten in this country. There is no treatment for them and we need to address their huge problem. We've met with you numerous times and the Lyme groups have met with your staff. There just doesn't seem to be anything that you are doing for these patients.

I have a quick question. Of this $4 million that you allocated last year for Lyme disease research, how much remains unspent? Could you answer that?

Hon. Ginette Petitpas Taylor: I'm going to refer that to my public health officer.

Dr. Theresa Tam (Chief Public Health Officer, Public Health Agency of Canada): There are different pockets of funding, if you like.

The $4 million for the research network is still at play, so the discussion on how that spending is going to be done is currently being reviewed and evaluated. That's for our research network. Of the funding that we received under the pan-Canadian framework on clean growth and climate change, there was $20.8 million over 11 years for specific projects that can be played out in the community. We have actually just gone through phase 1 of that funding approach, and we'll be launching more requests for proposals in the future.

As the minister mentioned, of the 13 projects that we've already considered, seven are focused on Lyme disease.

Mr. Len Webber: Is there anything focused on the patient?

The Chair: I'm sorry. The time's up. We're beyond now.

We'll move on to Mr. Ayoub.

[*Translation*]

Mr. Ramez Ayoub (Thérèse-De Blainville, Lib.): Thank you, Mr. Chair.

Thank you for being here today, Madam Minister.

You head up an outstanding department and we form a committee that is equally remarkable. Every day we talk about issues that are very important to Canadians. We have conducted many studies and produced various reports pertaining to the health of Canadians.

This morning, I would like to hear more from you about organ donation, an issue that is very important to me. In recent months, I have had the opportunity to become involved in this issue. I have even asked my fellow citizens what concerns they have about organ donation. Their response was incredible and immediate: 90% of people support organ donation. Unfortunately, only about 20% of people have signed the organ donation consent form.

There are major challenges to improve the situation of people waiting for an organ. Every year, there are 4,500 names on the waiting list of people hoping for a better quality of life, and 250 of them die before receiving an organ.

The provinces have a role to play in this regard, but so does the federal government. What nationwide initiatives are there on this issue? What does Canada intend to do to improve the health of Canadians?

Hon. Ginette Petitpas Taylor: Thank you very much, Mr. Ayoub.

Our government certainly understands and recognizes the importance of organ donation in Canada. Personally, I am very interested in the issue. One of our good friends recently had an organ transplant. He now has a new lease on life. It is heartwarming.

Since 2008, provincial and territorial governments have made major investments in this area. For our part, we have invested over $69 million to support Canadian Blood Services. We want to help coordinate interprovincial organ and tissue donations. Further, we invested $100 million in research between 2012 and 2017 to better understand the situation, the issues, and the challenges.

Finally, to coordinate our approach on this file, we continue to work with the provinces and territories. We know we have to work very closely with them in order to be in a better position to develop our strategy and move forward.

● (0820)

Mr. Ramez Ayoub: Thank you.

Clearly, efforts have been made and measures have been taken, but there is still a lot of room for improvement. We can do more. That is why I will be tabling motion M-189, to help people who are suffering and whose quality of life could be improved through organ donation. Thank you for your answer. We are expecting a bit more. Perhaps this motion will lead to additional measures.

On another important matter, something happened in Quebec recently that has had a major impact on the rest of Canada. I am referring to the young Athéna Gervais, who unfortunately lost her life. We have considered the issues related to beverages with a high sugar and alcohol content. We heard from witnesses at this committee. The availability of these beverages appears to be a major problem. In many cases, they are available and in full view. These young people were simply able to take them, or steal them in this case, without any monitoring.

What is the federal government doing to reassure the public and, in this case, to keep young people safe?

Hon. Ginette Petitpas Taylor: Thank you for your question.

Once again, I want to thank the Standing Committee on Health for your work on this issue. What the family of Athéna Gervais went through is clearly serious and one death is one too many. This raises serious concerns. That is why we took immediate action. We asked for a notice of intent to be published, which was done in March, to amend the act in order to limit the amount of alcohol in these sweetened beverages. Further, we are working closely with the provinces and territories on the regulation of alcohol. We have already held a teleconference with those officials to continue the discussion.

Be that as it may, let me clearly state that these beverages, which were in stores and were consumed, will no longer exist in the same form. We want the alcohol level to be reduced or, at least, for the containers to be changed to prevent this kind of thing from happening again.

[*English*]

The Chair: Thanks very much.

We have to move on to Ms. Gladu.

Ms. Marilyn Gladu: Thank you, Chair.

My first question has to do with the new drug approval process.

I was at a forum at the Macdonald-Laurier Institute where there were a lot of stakeholders—industry, academia, policy people—talking about the PMPRB changes. They indicated that these will have huge unintended consequences. These will likely eliminate clinical trials in Canada, and companies will decide not to market new medicines to Canada. With this process, the changes are going to make it longer and more expensive for people to bring drugs here.

I see that there is money allocated in the estimates for changing this process.

Will the minister consider abandoning these changes based on the input from the industry, academia, policy, and other stakeholders?

Hon. Ginette Petitpas Taylor: As I've indicated a few times today, we certainly need to do all we can to bring down the prices of drugs. That's why we're in the process of modernizing the PMPRB. Our officials have met with several individuals in this area, and they've shared their points of view with us.

We recognize that there are different ways we can fund research as well. We are looking at all options. However, at the the end of the day, we certainly want to make sure, as government, that we update the regulations, and we certainly have to look at doing things differently. PMPRB has not been updated, I believe, in 20 years or even longer, so we certainly recognize that we have to do some work in that area. We're looking forward to consultations, and we continue to have an open dialogue with those involved.

Perhaps my deputy minister would like to add a few comments on that.

Mr. Simon Kennedy: One thing that has perhaps received a little less attention than the proposed regulatory reforms to the Patented Medicine Prices Review Board is the significant changes that are happening in the health portfolio around how drugs are reviewed and approved. A key objective is to streamline and make it faster for valuable new medicines to get to market. We're working quite closely with the industry on that. I'll just give you an example.

We want to provide new pathways to market that might rely more extensively on reviews that take place in other jurisdictions. If a new drug comes out, and it's clear it has tremendous benefits for patients —maybe it saves the health system money—if our major partners abroad have already reviewed and approved it, we're looking at whether we could use that as a basis to expedite getting it to market. Industry is very interested in some of these new regulatory pathways. While pricing, obviously and understandably, is getting a lot of attention, we're doing a lot of other things to try to make it easier and faster for valuable medication to make it onto the Canadian market.

● (0825)

Ms. Marilyn Gladu: I think it needs to be faster, and we need to make sure we're continuing to have access to new medications.

I heard the same concern about the medical devices special access program, especially the regulatory burden this will put on smaller entrepreneurs that are introducing medical devices into Canada. It might limit the number of new devices we would see. Could you comment on how you might be able to change that process to not put such a regulatory burden on small companies?

Mr. Simon Kennedy: Very briefly, Mr. Chair, there has been a little confusion around the medical device single audit process. Canada has a mandatory system for these kinds of audits. The updated process will be mandatory, but the old process was mandatory as well. The government is not imposing something that was not a requirement all along. The new system is one where the audit process is going to mimic those in a number of our trading partners. Larger manufacturers of medical devices have said that they value this because, once they get an approval in Canada, that approval will be valid in a number of other jurisdictions. We're taking a process that used to be Canada-specific, and are now making it such that if you get an approval, you can use it in other jurisdictions. For certain firms it results in a reduction in red tape.

We have heard concerns from SMEs and others that the new process is more complex. Health Canada is very sympathetic to those concerns. We are quite keen on addressing them. The intention here is to introduce a program that will be of value, and so we're in active conversation with SMEs and others to see how we might make adjustments.

The Chair: We'll go to Mr. McKinnon now.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): Thank you, Minister, for being here.

I'm going to switch gears and talk about antimicrobial resistance.

As you may recall, this committee did a study on antimicrobial resistance and released a report quite recently.

The prevalence of microbes that are becoming resistant to our pharmaceuticals, our antibiotics, is a major issue. It's an emerging issue around the world. Effective antibiotics are critical to much of modern medicine, such as major surgeries. One of our recommendations was for a national surveillance system. I recently had a delegation in my office from some health care agencies who were asking specifically for that.

I'm wondering if you can speak to any actions that might be under way toward a national surveillance system for antimicrobial resistance.

Also, I'm interested in whether incentives and perhaps research money are available for the development of new vaccines, which is becoming ever more critical as we go forward.

Thank you.

Hon. Ginette Petitpas Taylor: I also want to again thank the committee for the work that you've done on the issue of AMR, and we certainly look forward to responding to your recommendations very soon.

We recognize that antimicrobial resistance is an absolute global health issue. I can say that at every international meeting I have attended, the issue of AMR has come up with all health ministers. It's certainly an area of top priority for all levels of government, both here in Canada and abroad.

We've made some investments with respect to the global health issue. To support global efforts in the area of antimicrobial resistance, $9 million has been set aside or invested. We're also investing approximately $107 million for research and innovation in Canada on this very important issue. It's really important that we understand the challenges, but we also want to look at how we can address these challenges, so significant monies have been put aside in that area, as well.

The federal government is taking a leadership role in working with provinces and territories in this area. Presently work is under way to develop an action plan to identify concrete deliverables on how to effectively deal with AMR in Canada and abroad.

It is certainly a very active file and one that is absolutely a priority for our government. I know that for Dr. Tam and her colleagues internationally, it's at the top of the agenda at every health meeting we attend.

● (0830)

Mr. Ron McKinnon: Great.

I had a number of questions about opioids, but I think that area has been very thoroughly covered, so that's it for my questions.

The Chair: Actually, we have exhausted our time.

I know that some of the members have other committees to attend at 8:30, so I'm going to have to call an end to it.

I'm sorry, Mr. Davies, but you're not going to get to your question. I really am sorry. I know it would be a good question.

There is one thing I want to mention.

Minister, you mentioned the pharmacare report a couple of times, and the quality of it. I would like to give credit for its quality to our analysts and researchers.

Some hon. members: Hear, hear!

The Chair: We had 130 presentations altogether, and I thought the report was just excellent, the way it reflected everything we heard and felt. I give them credit for that.

Again, Mr. Davies, I'm sorry, but we're just out of time. There's another committee coming in here, too. We have to vacate. I'll make it up to you somehow.

Thank you very much, Minister and officials, for coming.

The meeting is adjourned.

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